

MARYLAND STATE BOARD OF LAW EXAMINERS

JUDICIARY A-POD

580 TAYLOR AVENUE

ANNAPOLIS, MD 21401

(410) 260-3640

MARYLAND-RELAY SERVICE (TT/VOICE) 1-800-735-2258

www.mdcourts.gov

REQUEST FOR COPY OF BAR APPLICATION

Pursuant to Md. Rules 19-105(b) and Board Rule 1, an applicant may request a copy of his or her Maryland bar application for delivery to themself or to the bar admissions office in a jurisdiction outside Maryland. Upon receipt, SBLE will generate a \$20 invoice for payment via the applicant's eBar portal. Upon payment, SBLE will transmit the requested copies.

In requesting a copy of their bar application, the applicant understands and acknowledges the following:

1. If the applicant was recommended for admission to the Maryland bar without the occurrence of a character hearing or if the applicant has not yet been recommended for admission to the Maryland bar and no character & fitness hearing has occurred during the pendency of the application, the applicant may receive copies only of the application materials and documents that the applicant supplied to SBLE. Md. Rule 19-101(b).
2. If a character hearing has occurred during the pendency of the applicant's application process, the applicant may receive, in addition to the application materials and documents that the applicant supplied to SBLE, those papers or evidence received, considered, or prepared by the National Conference of Bar Examiners, a Character Committee, or the Board, but may not receive personal memoranda, notes, and work product of members or staff of the National Conference of Bar Examiners, a Character Committee, or the Board; correspondence between or among members or staff of the National Conference of Bar Examiners, a Character Committee, or the Board; or an applicant's bar examination grades and answers, except as authorized in Rule 19-209.
3. If the request is for a copy of the bar application to be sent to the bar admissions office of another U.S. jurisdiction, SBLE will provide the entire application file to the other jurisdiction but will NOT provide a copy to the applicant.

Requestor's Name: _____ NCBE Number: _____

Requestor's Name at Time of Application in MD (if different): _____

Requestor's Address: _____

City: _____ State: _____ Zip: _____

Requestor's Daytime Phone (with area code): _____

Requestor's E-mail Address: _____

Signature (may be electronic): _____

_____ Deliver to applicant at email above OR _____ Deliver to:

Agency: _____

(Address) _____

(City, State, Zip) _____

Email for Delivery: _____

(Office use only) Invoiced on: _____

Copies sent on: _____